

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-570)**

APPLICANT(S)

SERIAL NO. 05/25608 FILING DATE _____
APPLICANT'S _____

CLAIMS

	AS FILED		AFTER 1st MICROFILMED		AFTER 2nd MICROFILMED	
	NO.	OCF.	NO.	OCF.	NO.	OCF.
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TOTAL NO.						
TOTAL OCF.						
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	NO.	Occ.	NO.	Occ.	NO.	Occ.
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